

## **South Dakota Board of Nursing**

South Dakota Department of Health
722 Main Street Suite 3, Spearfish, SD 57783
(605) 642-1388; FAX: 642-1389; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel **Application for** *Faculty Change* **for an Approved Training Program** 

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to <u>ARSD 20:48:04.01:14</u>. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to the Spearfish BON address or fax above.

Name of Institution: northeast Educational Services Cooperative

Name of Primary Instructor: Dianne Rider, RN

Phone Number: <u>605 - 783 - 36</u> E-mail Address of Faculty: <u>dianne</u>		Fax Number	r: 605 - 783 Sd. US	3 - 3259
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<ul> <li>□ 2011 SD Community Mental Health F</li> <li>□ Gauwitz Textbook – Administering Mental Health F</li> </ul>				
Mosby's Texbook for Medication Assis				2009)
☐ Nebraska Health Care Association (20		cino el reminore (20	,	
☐ We Care Online	, (,			
☐ EduCare				
<ul> <li>List new and existing faculty requested For new RN faculty, attach resume/work h</li> </ul>				erience.
RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE State Number Expiration Date Verification			
KINTACOLITINSTRUCTOR NAPIE(S)	June			(Completed by SDBON)
		10,000	10/04/2014	Mathe
Emily Taylor	5P	R035855		600
Tamra Ching	SD	R023111	09/01/2015	SOUTH
Tamra Ching Gayle Wookey	5D 5D	R023111 R021520	09/01/2015	80m
Tamra Ching Gayle Wookey Lori Brown	SD	R023111	09/01/2015	80mm 80
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